

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

LAN TU TRINH

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Citizens Business banking  
C  
Venessa.M.barbetti@Citizens  
bank.com  
570-780-0016 (cell)  
855-632-1307 (eFAX)  
International Division  
20 Cabot Rd.  
Medford, MA 02155  
USA

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	LAN TU TRINH
	Street Address	775 MUSTIN LN.
	County, City	Villanova, PA 1
	State & Zip Code	19085
	Telephone Number	215 313-3858

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 2                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 3                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 4                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)  
☐ Federal Questions                      ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship

Pennsylvania

Defendant(s) state(s) of citizenship

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

Pennsylvania

B. What date and approximate time did the events giving rise to your claim(s) occur?

Jan 28/2018

C. Facts:

Conspiracy Wire \$87,555.00

the withdrawal of the above without my signature or authorization

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Stress

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

ASK Court to Grant -

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Plaintiff



Mailing Address

775 MUSTIN LN  
VILLANOVA, PA 19085

Telephone Number

215 313-3858

Fax Number (if you have one)

E-mail Address

lantutrinh@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_

